ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AT		10-4-00
O.I.P.E. CLASSIFIER		8	12-12-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		0808	11-20-00

INDEX OF CLAIMS

✔	...... Rejected		N	......	Non-elected
=	...... Allowed		I	......	Interference
−	(Through numeral)... Canceled		A	......	Appeal
÷	...... Restricted		O	......	Objected

Claim Final	Original	Date							
		7/8/01	2/28/01	8/1/01	1/9/02	5/8/02	9/14/02		
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	18	÷	N	N	N				
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	20		✔	A					
	21		✔	A	✔	✔			
	22	✔	N	N	A				
	23		✔	A					
	24		✔	A					
	25	✔	N	N					
	26		✔	A					
	27		✔	A					
	28	✔	N	N		✔	✔		
	(29)		✔	A	✔	✔			
	30		✔	A	✔	✔			
	31	✔	N	✔					
	32		✔	A	✔	✔			
	33		✔	A	✔				
	(34)		✔	A	✔				
	35		✔	A	✔	✔			
	36	✔	N	N					
	(37)		✔	A					
	38		✔	A					
	39		✔	A					
	40	✔	N	N					
	(41)		✔	A					
	42		✔	A					
	43	✔	N	N					
	44					✔	✔		
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Claim Final	Original	Date							
		5/8/02	9/14/02						
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Claim Final	Original	Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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